

Complaint Report for Alleged Violation of Article 27F*

Aggrieved Party

Name _____
Last First Middle Initial

Address _____
Number Street

City _____ State _____ Zip Code _____

Daytime Phone No. (_____) _____ Evening Phone No. (_____) _____

Person (Institution) Allegedly Committing Violation

Name of Person _____
Last First Middle Initial

Name of Institution _____

Address _____
Number Street

City _____ State _____ Zip Code _____

Telephone No. (_____) _____

Person Completing this Form (if different from Aggrieved Party above)

Name _____
Last First Middle Initial

Address _____
Number Street

City _____ State _____ Zip Code _____

Daytime Phone No. (_____) _____ Evening Phone No. (_____) _____

Brief description of the violation (use extra paper, if necessary)

Please check box if extra paper is attached: ☐ Number of pages _____

* Article 27-F of the New York State Public Health Law requires that any AIDS- or HIV-related medical information, including the result of an HIV or HIV-related test, be kept confidential. In addition, each time a test for HIV is performed, the law requires pre- and post-test counseling and that written consent be obtained from the subject of the test.

Signature of Aggrieved Person Making Complaint

(Date)

Please mail completed form to:
NYS Department of Health/ AIDS INSTITUTE/ Special Investigation Unit, 90 Church St. 13th Fl, New York, NY 10007